

	<p align="center">SOLICITATION AMENDMENT</p> <p>Solicitation Number: <u>RFQ YH09-0020</u> Amendment Number One Solicitation Due Date: <u>October 29, 2008, 3:00 PM (MST)</u></p>	<p>Arizona Health Care Cost Containment System Administration (AHCCCS) 701 East Jefferson (MD5700) Phoenix, Arizona 85034</p> <p>Procurement Specialist: Mark Held Telephone: (602) 417-4094 E-mail: Mark.Held@azahcccs.gov</p>
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A signed copy of this amendment must be returned with the quotation and received by AHCCCS on or prior to the Solicitation due date and time (See P. 15, Uniform Instructions to Offerors, Paragraph 4.2).

This solicitation is amended as follows:

COMPENSATION

- **DELETE:** **Page 3 in it's entirety in the original solicitation**
- **REPLACE WITH:** **Page 3 included in Solicitation Amendment No. 1.**

All proposals must be received on or before October 29, 2008 at 3:00 P.M. MST. Late submissions will not be accepted. All other terms and conditions of the RFQ remain unchanged.

Offeror hereby acknowledges receipt and understanding of this Solicitation Amendment.		This Solicitation Amendment is hereby executed this 24th day of October, 2008, in Phoenix, Arizona.
		Signed Copy in Contract File
Signature	Date	
Typed Name and Title		Michael Veit
		Contracts and Purchasing Administrator
Name of Company		

COMPENSATION

Revised 10/24/08

1. METHOD OF COMPENSATION

The Contractor will be reimbursed based at the rates established by the contract. The reimbursement ceiling for services provided during the term of this contract shall not exceed the rate bid for services requested.

2. RATES

This contract shall not exceed \$50,000, including fees, travel reimbursement and approved expenses. Travel and other expenses will be reimbursed as approved by ADOA and AHCCCS guidelines.

Once accepted by AHCCCS, the all-inclusive fixed prices shall not be adjusted unless AHCCCS alters the total volume of services to be performed by the Vendor. Stated prices are subject to the availability of funds and are for the full term of the agreement (i.e., the initial term and any extensions).

These are all-inclusive fixed prices. Any amount charged that is not disclosed at the time of quote shall not be paid.

2.1 For the period of this contract, the vendor shall provide services at the following rates:

\$_____per month based on service (2) days per week

\$_____per month based on service (3) days per week

For a day of missed or unaccepted service \$_____ shall be deducted.

If the contract is extended, the following rates shall apply:

Year 2: _____ per month based on service (2) days per week

Year 3: _____ per month based on service (2) days per week

Year 4: _____ per month based on service (2) days per week

Year 5: _____ per month based on service (2) days per week

Year 2: _____ per month based on service (3) days per week

Year 3: _____ per month based on service (3) days per week

Year 4: _____ per month based on service (3) days per week

Year 5: _____ per month based on service (3) days per week

2.2 Prompt Payment Discount _____% of payment, if made within _____ days of receipt of invoice.